ALL CAPACITY ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF		
COUNTY OF		
On(Date)	before me,	(Name and title of the officer)
personally appeared		
the within instrument and ackr capacity(ies), and that by his/r which the person(s) acted, exe	lowledged to me that he/she/the inst ler/their signature(s) on the inst ecuted the instrument.	person signing) the person(s) whose name(s) is/are subscribed to ey executed the same in his/her/their authorized rument the person(s), or the entity upon behalf of State of California that the foregoing paragraph is
WITNESS my hand and officia	ıl seal.	
Signature of c	fficer	(Seal)